## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: HIL LACONA (0010146)

Address: 2631 SANDRA ROSE LANE, NEW FRANKEN, WI 54229

**License Status: REGULAR** 

Licensed/Certified/Registered 11/06/2003

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History** 

Survey ID: 0096375 End Date: 02/16/2006 Type: STANDARD Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091492 End Date: 11/06/2003 Type: INITIAL Purpose: SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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